

## DMV Lane Technician Observation Report

DMV Technician: <u>DAVE FLEMING</u>		Position: <u>1</u> or 2	
Station: <u>DOVER LANES</u>	Date: <u>8/29/12</u>	Time: <u>2:41</u>	
Vehicle Make: <u>CADILLAC</u>	Model: <u>SL5</u>	Year: <u>1998</u>	
GVWR:	Fuel Type: <u>G</u>	Registration Number: <u>24623</u>	
Auditor:		Covert / <u>Overt</u> (circle one)	
		YES	NO
1. Did technician check vehicle paper work and verify VIN number?		<input checked="" type="checkbox"/>	
2. Was <b>Emissions</b> testing required?		<input checked="" type="checkbox"/>	
a) Was Emissions testing performed using OBD?		<input checked="" type="checkbox"/>	
b) Was Emissions testing performed using Analyzer Probe?			<input checked="" type="checkbox"/>
c) Was Emissions testing performed using Paddle(s)?			<input checked="" type="checkbox"/>
d) Was Emissions testing performed using Clip?			<input checked="" type="checkbox"/>
3. Was <b>Catalytic Converter</b> inspection required?			<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?			<input checked="" type="checkbox"/>
4. Was <b>Fuel Tank</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?			<input checked="" type="checkbox"/>
5. Was <b>Fuel Cap</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?			<input checked="" type="checkbox"/>
6. Is this test a <b>Re-check</b> from a prior failure?		<input checked="" type="checkbox"/>	
a) Which re-check test is being performed? 1 <u>2</u> 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			<input checked="" type="checkbox"/>
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?			<input checked="" type="checkbox"/>
a) Was Two-Speed Idle testing performed?			<input checked="" type="checkbox"/>
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?			<input checked="" type="checkbox"/>
a) Was Curb Idle testing performed?			<input checked="" type="checkbox"/>
<b>Comment:</b>			
<u>MIL LIGHT STILL ON.</u>			

Original 08/06/2009

## DMV Lane Technician Observation Report

DMV Technician: <u>MARK WILKINS</u>		Position: <u>1</u> or 2	
Station: <u>DOVER LAWS</u>	Date: <u>8/29/12</u>	Time:	
Vehicle Make: <u>DODGE</u>	Model: <u>RAM</u>	Year: <u>2006</u>	
GVWR:	Fuel Type: <u>G</u>	Registration Number:	
Auditor: <u>POSSET</u>		Covert / <u>Overt</u> (circle one)	
	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	✓		
2. Was <b>Emissions</b> testing required?	✓		
a) Was Emissions testing performed using OBD?	✓		
b) Was Emissions testing performed using Analyzer Probe?			✓
c) Was Emissions testing performed using Paddle(s)?			✓
d) Was Emissions testing performed using Clip?			✓
3. Was <b>Catalytic Converter</b> inspection required?		✓	
a) Was Catalytic Converter inspection performed?			✓
4. Was <b>Fuel Tank</b> pressure testing required?		✓	
a) Was Fuel Tank pressure testing performed?			✓
5. Was <b>Fuel Cap</b> pressure testing required?		✓	
a) Was Fuel Cap pressure testing performed?			✓
6. Is this test a <b>Re-check</b> from a prior failure?		✓	
a) Which re-check test is being performed? 1 2 3 (circle one)			✓
b) If this is re-check #3, was repair paperwork verified for waiver?			✓
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?		✓	
a) Was Two-Speed Idle testing performed?			✓
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?		✓	
a) Was Curb Idle testing performed?			✓
<b>Comment:</b>			

Original 08/06/2009



## DMV Lane Technician Observation Report

DMV Technician: <u>BOB HOTTE</u>		Position: <u>1</u> or 2	
Station: <u>DOVER</u>	Date: <u>8/29/12</u>	Time: <u>1:45</u>	
Vehicle Make: <u>CHRYSLER</u>	Model: <u>300</u>	Year: <u>2007</u>	
GVWR:	Fuel Type: <u>G</u>	Registration Number: <u>5804</u>	
Auditor: <u>DOSSERT</u>		Covert / <u>Overt</u> (circle one)	
	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	✓		
2. Was <b>Emissions</b> testing required?	✓		
a) Was Emissions testing performed using OBD?	✓		
b) Was Emissions testing performed using Analyzer Probe?			✓
c) Was Emissions testing performed using Paddle(s)?			✓
d) Was Emissions testing performed using Clip?			✓
3. Was <b>Catalytic Converter</b> inspection required?		✓	
a) Was Catalytic Converter inspection performed?			✓
4. Was <b>Fuel Tank</b> pressure testing required?		✓	
a) Was Fuel Tank pressure testing performed?			✓
5. Was <b>Fuel Cap</b> pressure testing required?		✓	
a) Was Fuel Cap pressure testing performed?			✓
6. Is this test a <b>Re-check</b> from a prior failure?		✓	
a) Which re-check test is being performed? 1 2 3 (circle one)			✓
b) If this is re-check #3, was repair paperwork verified for waiver?			✓
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?		✓	
a) Was Two-Speed Idle testing performed?			✓
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?		✓	
a) Was Curb Idle testing performed?			✓
<b>Comment:</b>			

Original 08/06/2009

## DMV Lane Technician Observation Report

DMV Technician: <u>TED KIBURZ</u>		Position: 1 or <u>(2)</u>	
Station: <u>DOVER LANES</u>	Date: <u>8/29/12</u>	Time: <u>1:20</u>	
Vehicle Make: <u>DODGE</u>	Model: <u>INT.</u>	Year: <u>1995</u>	
GVWR:	Fuel Type: <u>G</u>	Registration Number: <u>282224</u>	
Auditor: <u>DOSSETT</u>		Covert <del>/</del> <u>Overt</u> (circle one)	
		YES	NO
1. Did technician check vehicle paper work and verify VIN number?			
	<input checked="" type="checkbox"/>		
2. Was <b>Emissions</b> testing required?			
		<input checked="" type="checkbox"/>	
a) Was Emissions testing performed using OBD?			
			<input checked="" type="checkbox"/>
b) Was Emissions testing performed using Analyzer Probe?			
			<input checked="" type="checkbox"/>
c) Was Emissions testing performed using Paddle(s)?			
			<input checked="" type="checkbox"/>
d) Was Emissions testing performed using Clip?			
			<input checked="" type="checkbox"/>
3. Was <b>Catalytic Converter</b> inspection required?			
		<input checked="" type="checkbox"/>	
a) Was Catalytic Converter inspection performed?			
			<input checked="" type="checkbox"/>
4. Was <b>Fuel Tank</b> pressure testing required?			
	<input checked="" type="checkbox"/>		
a) Was Fuel Tank pressure testing performed?			
	<input checked="" type="checkbox"/>		
5. Was <b>Fuel Cap</b> pressure testing required?			
	<input checked="" type="checkbox"/>		
a) Was Fuel Cap pressure testing performed?			
	<input checked="" type="checkbox"/>		
6. Is this test a <b>Re-check</b> from a prior failure?			
		<input checked="" type="checkbox"/>	
a) Which re-check test is being performed? 1 2 3 (circle one)			
			<input checked="" type="checkbox"/>
b) If this is re-check #3, was repair paperwork verified for waiver?			
			<input checked="" type="checkbox"/>
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?			
		<input checked="" type="checkbox"/>	
a) Was Two-Speed Idle testing performed?			
			<input checked="" type="checkbox"/>
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?			
		<input checked="" type="checkbox"/>	
a) Was Curb Idle testing performed?			
			<input checked="" type="checkbox"/>
<b>Comment:</b>			

Original 08/06/2009



## DMV Lane Technician Observation Report

DMV Technician: <u>MARK WILKINS</u>		Position: <u>1</u> or 2	
Station: <u>DOVER LANES</u>	Date: <u>8/29/12</u>	Time: <u>1:15</u>	
Vehicle Make: <u>DODGE</u>	Model: <u>INT</u>	Year: <u>1995</u>	
GVWR:	Fuel Type: <u>G</u>	Registration Number: <u>282226</u>	
Auditor: <u>DOSSETT</u>		<input checked="" type="radio"/> <b>Covert</b> / <b>Overt</b> (circle one)	
	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	<input checked="" type="checkbox"/>		
2. Was <b>Emissions</b> testing required?	<input checked="" type="checkbox"/>		
a) Was Emissions testing performed using OBD?		<input checked="" type="checkbox"/>	
b) Was Emissions testing performed using Analyzer Probe?	<input checked="" type="checkbox"/>		
c) Was Emissions testing performed using Paddle(s)?	<input checked="" type="checkbox"/>		
d) Was Emissions testing performed using Clip?		<input checked="" type="checkbox"/>	
3. Was <b>Catalytic Converter</b> inspection required?	<input checked="" type="checkbox"/>		
a) Was Catalytic Converter inspection performed?	<input checked="" type="checkbox"/>		
4. Was <b>Fuel Tank</b> pressure testing required?		<input checked="" type="checkbox"/>	
a) Was Fuel Tank pressure testing performed?			<input checked="" type="checkbox"/>
5. Was <b>Fuel Cap</b> pressure testing required?		<input checked="" type="checkbox"/>	
a) Was Fuel Cap pressure testing performed?			<input checked="" type="checkbox"/>
6. Is this test a <b>Re-check</b> from a prior failure?		<input checked="" type="checkbox"/>	
a) Which re-check test is being performed? 1 2 3 (circle one)			<input checked="" type="checkbox"/>
b) If this is re-check #3, was repair paperwork verified for waiver?			<input checked="" type="checkbox"/>
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?	<input checked="" type="checkbox"/>		
a) Was Two-Speed Idle testing performed?	<input checked="" type="checkbox"/>		
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?		<input checked="" type="checkbox"/>	
a) Was Curb Idle testing performed?			<input checked="" type="checkbox"/>
<b>Comment:</b>			

Original 08/06/2009